USM-265 is a 5-part form. Fill cut the form and print 5 copies. Sign as needed and route as specified below.

## U.S. Department of Justice

PROCESS RECEIPT AND RETURN

#109 EN
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United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States	of America						COURT CASE NUMB 12 CR 50027	BER	
DEFENDANT	O. I Miletted						TYPE OF PROCESS		
Rita Crundwell						Preliminary order of forfeiture			
		VIDUAL, COM	IPANY, COR	PORATION. E	C. TO SERVE OR	DESCRIP	TION OF PROPERTY TO		ONDEMN
SERVE	4	Director of Co	ompliance,	American Pa	int Horse Assoc				
AT	2800 Meachan								
SEND NOTICE	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW					Number of process to be served with this Form 285			
21	U.S. Attorney's Office 219 South Dearborn, Suite 500 Chicago, Illinois 60604				Number of parties to be served in this case		<del></del>		
Α-	ATTN: Katie Montgomery, ML/AF					l l	heck for service n U.S.A.		
<u>-</u>	e via certified ma	ıil.							Fold
Please serve		•••							
	grney other Originat			u.x	PLAINTIFF DEFENDANT		HONE NUMBER	DATE 10/8/15	
Signature of Attu	grney other Originate	or requesting ser	BX_		DEFENDANT	(312)	) 353-5300	10/8/15	NE
Signature of Attu	BELOW FOI eceipt for the total ess indicated. SM 285 if more	or requesting ser	BX_		DNLY DO	(312) <b>NOT V</b>		10/8/15	
Signature of Atta SPACE I  I acknowledge re number of proce (Sign only for U. than one USM 2	BELOW FOI eceipt for the total ess indicated. SM 285 if more 85 is submitted) and return that 1	or requesting ser  RUSE OF  Total Process  have personally	U.S. MA District of Origin No 24 served, 1	District to Serve	DEFENDANT  DNLY DO I  Signature of Au  Cyttle  nee of service, K	NOT V thorized U	) 353-5300 VRITE BELOW	THIS LI	te
Signature of Att  SPACE I  1 acknowledge re number of proce (Sign only for U, than one USM 2  1 hereby certify a on the individual	BELOW FOR eceipt for the total ess indicated. SM 285 if more 85 is submitted) and return that 11, company, corpora	retter VISE OF Total Process have personally tion, etc., at the	U.S. MA  District of Origin  No 24  served, 11  address show	District to Serve No. 4	DEFENDANT  DNLY DO I  Signature of Au  Cyttl  nee of service.  hon the individual . co	NOT V thorized U	NRITE BELOW SMS Deputy or Clerk Led as shown in "Remarks	THIS LI	te
Signature of Attribute SPACE I  I acknowledge renumber of proce (Sign only for Uthan one USM 2)  I hereby certify a on the individual  Thereby cert	BELOW FOR eceipt for the total ess indicated. SM 285 if more 85 is submitted) and return that 11, company, corpora	Total Process have personally tion, etc., at the am unable to lo	U.S. MA  District of Origin  No 24  served, 1  address show to cate the indiv	District to Serve No. 4	DEFENDANT  DNLY DO I  Signature of Au  Cyttl  nee of service.  hon the individual . co	thorized U	VRITE BELOW SMS Deputy or Clerk Led as shown in "Remarks or poration, etc. shown at the	THIS LI  THIS LI  Da  In, the process he address insertable age and di	described rted below.
Signature of Atta  SPACE I  I acknowledge renumber of proce (Sign only for Ustan one USM 2)  I hereby certify a on the individual  I hereby cet  Name and title of	BELOW FOR eceipt for the total resis indicated. ISM 285 if more 85 is submitted) and return that I	Total Process have personally tion, etc., at the am unable to lo	U.S. MA  District of Origin  No 24  served, 1  address show to cate the indiv	District to Serve No. 4	DEFENDANT  DNLY DO I  Signature of Au  Cyttle  nee of service. A hon the individual . co	thorized U	SMS Deputy or Clerk  Teled as shown in "Remarks proporation, etc. shown at the (See remarks below)  A person of suite then residing in or	THIS LI  THIS LI  Da  In, the process he address insertable age and di	described red below.
Signature of Atta  SPACE I  I acknowledge renumber of proce (Sign only for Ustan one USM 2)  I hereby certify a on the individual  I hereby cet  Name and title of	BELOW FOI eceipt for the total ess indicated. SM 285 if more 85 is submitted) and return that I	Total Process have personally tion, etc., at the am unable to lo	U.S. MA  District of Origin  No. 24  served, 11  address show ocate the individual.	District to Serve No. 94  nave legal evider nabove on the coridual, company, OCT	Signature of Au Cyttl nee of service. A hon the individual . co	thorized U	SMS Deputy or Clerk  See as shown in "Remarks proporation, etc. shown at the second of abode  Date	THIS LI  THI	described red below.
Signature of Atta  SPACE I  I acknowledge renumber of proce (Sign only for Ustan one USM 2)  I hereby certify a on the individual  I hereby cet  Name and title of	BELOW FOI eceipt for the total ess indicated. SM 285 if more 85 is submitted) and return that I	Total Process  have personally tion, etc., at the am unable to lo if not shown above)  marges Forward	District of Origin No. 24  served, 1 address show ocate the indivitory.	District to Serve No. 94  nave legal evider nabove on the coridual, company, OCT	Signature of Au Cyttl nee of service. A hon the individual . co	thorized U	SMS Deputy or Clerk  The dead as shown in "Remarks reporation, etc. shown at the control of abode  Date  10 23 15	THIS LI  THIS LI  Da  Jo  This LI  This	described red below.

Certified Mail 7009 3410 0000 3487 5737 - Executed 10 PRINT 5 COPIES: L. CLERK OF THE COURT

- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

SENDER: COMPLETE THIS SECTION # 274 F	COMPLETE THIS SECTION ON DELIVERY (1981) # 1			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  X			
or on the front if space permits.  1. Article Addressed to:	D. Is a divery address different from item 12 Yes If YES, enter delivery address below: No			
American Paint Hose Association	OCT 26 2015			
2900 Meacham Barlevard	3 SPENSE VERS G. BRUTON			
Fort Worth, TX 76137	3 Service 1987   G. BRUTON   Property of Medical Conditions   Bruton   Begistered   Return Receipt for Merchandise   Insured Mail   C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Transfer from service label) 7 0 0 9 3 4 1	0 0000 3427 5737			
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540			

Se: 3UNGER SIGNES POSICIONE : 274 Filed: 10/26/15 Page Spirit Class Mail D # Postage & Fees Paid USPS Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box •

UNITED STATES DEPARTMENT OF JUSTICE
United States Marshals Service
Northern District of Illinois
Seized Assets Division

Chicago, Illinois

219 South Dearborn Street, Rm 2444

60604

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